

IMPORTANT INSTRUCTIONS:

1. Type or print clearly
2. Use 1 space for each letter or number
3. Always start in leftmost space
4. Put a blank space between each word
5. Complete entire form (including signature)
6. Incomplete forms will be rejected

BUSINESS NAME & PHONE #																													
BUSINESS NAME																													
AREA CODE															PHONE #														
BUSINESS PHONE # →																													
MAILING ADDRESS OF BUSINESS																													
STREET OR BOX #																													
CITY															STATE					ZIP CODE									
PHYSICAL ADDRESS OF BUSINESS																													
STREET																													
CITY															STATE					ZIP CODE					COUNTY				
																									USE COUNTY CODE ON OTHER SIDE				

LIABILITY INSURANCE AGENT INFORMATION																													
BUSINESS NAME OF INSURANCE AGENT																													
INSURANCE AGENT PHONE #										→	AREA CODE			PHONE #															

[illegible]

TYPE OF PESTICIDE WORK DONE BY THIS BUSINESS Place an 'X' in the box next to each category of work likely to be done by this business		
<input type="checkbox"/> 1A-AGRICULTURAL PLANT	<input type="checkbox"/> 7A-GENERAL & HOUSEHOLD	<input type="checkbox"/> 8C-CAMPGROUND
<input type="checkbox"/> 1B-AGRICULTURAL ANIMAL	<input type="checkbox"/> 7B-TERMITES & OTHER WOOD DESTROYING INSECTS	<input type="checkbox"/> 8D-COOLING WATER
<input type="checkbox"/> 2-FOREST	<input type="checkbox"/> 7C-FUMIGATION	<input type="checkbox"/> 8E-SEWER LINE ROOT CONTROL
<input type="checkbox"/> 3A-ORNAMENTALS	<input type="checkbox"/> 7D-FOOD PROCESSING	<input type="checkbox"/> 8F-PET GROOMING
<input type="checkbox"/> 3B-TURF	<input type="checkbox"/> 7E-WOOD PRESERVING	<input type="checkbox"/> 9-REGULATORY
<input type="checkbox"/> 3C-INTERIOR PLANTSCAPE	<input type="checkbox"/> 7F-ANTIFOULANTS	<input type="checkbox"/> 10-DEMONSTRATION & RESEARCH
<input type="checkbox"/> 4-SEED TREATMENT	<input type="checkbox"/> 8A-GENERAL PUBLIC HEALTH	<input type="checkbox"/> 11-AERIAL
<input type="checkbox"/> 5-AQUATIC	<input type="checkbox"/> 8B-MOSQUITO	<input type="checkbox"/> 12A-WATER SANITIZATION
<input type="checkbox"/> 6B-RIGHT-OF-WAY		<input type="checkbox"/> 12B-STERILIZATION

SIGNATURE REQUIRED → _____
RESPONSIBLE CERTIFIED PESTICIDE APPLICATOR

COUNTY CODES

- | | | |
|------------------------|------------------------|----------------------|
| 01 - Atlantic County | 08 - Gloucester County | 15 - Ocean County |
| 02 - Bergen County | 09 - Hudson County | 16 - Passaic County |
| 03 - Burlington County | 10 - Hunterdon County | 17 - Salem County |
| 04 - Camden County | 11 - Mercer County | 18 - Somerset County |
| 05 - Cape May County | 12 - Middlesex County | 19 - Sussex County |
| 06 - Cumberland County | 13 - Monmouth County | 20 - Union County |
| 07 - Essex County | 14 - Morris County | 21 - Warren County |
| | | 22 - Outside of NJ |